

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38802

1. PLACE OF DEATH

County St. Louis
Township Claytonia
City Clayton

Registration District No. 290
Primary Registration District No. 60339
(No. St. Louis County Hospital)

File No.
Registered No. 373
St. Ward)

2. FULL NAME

Baby Davis (Nolan Woodward Davis Jr)

(a) Residence, No. 214 Waller, St. St. Louis St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Nolan Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Rata

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Nolan Davis (ADDRESS) 214 Waller

18. BURIAL, CREMATION, OR REMOVAL

PLACE My Hope DATE Oct 12/37

19. UNDERTAKER Fendler and Co (ADDRESS) 7420 Michigan

20. FILED 10/12/37 Dr. J. H. G. G. G. G. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-37 19

22. I HEREBY CERTIFY, That I attended deceased from 9-17-37 19, to 10-10-37 19.

I last saw him alive on 10-10-37 19. Death is said

to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset 9/17/37

Other contributory causes of importance: Bronchopneumonia. Left lower lobe

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. A. Thurnham M. D.

(Address) St. Louis County Hospital

